

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

A

B

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
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Total Indep			1		3							
Total Depend			12		21							
Total Claims			13		24							